

Editor's Comment

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Among the endless blessings coming out of the annual David W. Smith meetings must be counted, most importantly, the happy realization that two entities previously regarded as causally distinct disorders are, in fact, one and the same. This insight occurred last year again, with Drs. Gripp and Pagon concluding that the Facio-Oculo-Acustico-Renal (FOAR) syndrome and the syndrome of diaphragmatic hernia, coloboma, myopia, sensorineural hearing loss, and hypertelorism are a single entity. In view of the prior publications by Regenbogen and Coscas [1985] on oculoauditory syndromes (FOAR) and by Donnai and Barrow [1993] on diaphragmatic hernia, exomphalos, absent corpus cal-

losum, hypertelorism, myopia, and sensorineural deafness, it seems reasonable to this commentator to suggest the eponym Regenbogen-Donnai syndrome; however, there may be some merit in Professor Pagon's suggestion that the changing understanding be signified by a change of numerical acronym (FOAR) to a vehicular one (FOARD). Readers are invited to read both companion papers [Gripp et al., vol 68, issue 4, pp. 441–444 and Schowalter et al., this issue] with care so as to develop a proper appreciation of the complex manifestations underlying these euphonious acronyms.

REFERENCES

- Gripp KW (1997): The diaphragmatic hernia-exomphalos-hypertelorism syndrome: A new case and further evidence of autosomal recessive inheritance. *Am J Med Genet* 68:441–444.
- Schowalter DB, Pagon RA, Kalina RE, McDonald R (1997): Facio-oculo-acustico-renal (FOAR) syndrome: Case report and review. *Am J Med Genet* 69:45–49.

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